

U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11/30/2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>70579</u>	2 Fiscal Year Covered From: <u>12/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing. Name <u>Roy Stern</u> P.O. Box Bldg Room No. if any _____ Street <u>1500 W Washington St 10</u> City <u>MARGUETTE</u> State <u>Michigan</u> ZIP Code + 4 <u>49855</u>	4 Name, file number, and address of labor organization Name <u>Sheet Metal Workers Local 7</u> Labor Organization File Number <u>516-9071</u> P.O. Box Building and Room Number if any _____ Street <u>801 South Holmes St</u> City <u>Kalamazoo</u> State <u>Michigan</u> ZIP Code + 4 <u>49012</u>
5 Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any). Name _____ Trade Name if any _____ P.O. Box Bldg Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Roy Stern

On

8-15-05

Date

906-225-0585

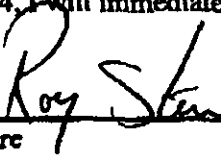
Telephone Number

Name of Person Filing <b>Roy Stern</b>	File Number U-
<p><b>B</b> Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</p>	
<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <u>Wisconsin Steel Metal Worker H &amp; B Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box Bldg. Room No. if any: _____</p> <p>Street <u>5425 W. Ulfert St</u></p> <p>City <u>Milwaukee</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>53208</u></p>	<p><b>9</b> Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10</b> If 9 b. or 9 c. is checked, give trust or employer's name</p> <p>Name <u>Wisconsin Steel Metal Worker H &amp; B Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box Bldg. Room No. if any: _____</p> <p>Street <u>5425 W. Ulfert St</u></p> <p>City <u>Milwaukee</u></p> <p>State <u>WI</u> ZIP Code + 4 <u>53208</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>Trustee on Health and Welfare Fund</u></p> <p><b>11 b</b> Approximate dollar value of such dealing <u>                    </u></p> <p><b>12 a</b> Nature of interest held or income received</p> <p><u>As trustee of the H &amp; W Fund, I am required to drive to Milwaukee the night before our bi-weekly meeting and spend a night in a hotel room - one meal is also provided</u></p> <p><b>12 b</b> Amount <u>291.75</u></p>
<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box Bldg. Room No. if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment</p> <p>_____</p> <p><b>14 b</b> Amount of payment <u>                    </u></p>
<p><b>13 b</b> Is the Business on Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

**DISCLAIMER**

The transactions dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1 2004 to December 31 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If in the future, it comes to my attention that there exists a transaction dealing or interest that should have been reported for the period of January 1, 2004 to December 31 2004, I will immediately file an amended LM-30 Report.

Signature



Date

8-11-05